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2003 FINE CO. O. O		Approved for	MAIL NO. EL7557270 PTO/SB/2 use through 10/31 2002 OMB 06 ce_U_S_DEPARTMENT OF COM	22 (10-00) 651-0031
-= 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	- · - · - · -	to respond to a collection of information u		
PETITION FOR EXTE	NSION OF TIME UND	ER 37 CFR 1.136(a)	210121 419C10	
	In re Application of To	ny N. Frudakis et al.		
	Application Number 0		Filed October 26, 200	
	For COMPOSITIONS OF BREAST CAI	AND METHODS FOR THE	THERAPY AND DIAG	моэ <mark>нс</mark>
	Group Art Unit 1631	Examiner Mary K. Zeman		30 F
This is a request unde Reply in the above ide	er the provisions of 37 CF	R 1.136(a) to extend the pe	eriod for filing a	CENTER
The requested extens (check time period de		small-entity fee are as follo	ws	1605-2
X One m	onth (37 CFR 1.17(a)(1))		\$ <u>110</u>	2900
☐ Two m	onths (37 CFR 1.17(a)(2))	\$	
Three i	months (37 CFR 1.17(a)(3))	\$	
☐ Fourm	nonths (37 CFR 1.17(a)(4))	\$	
Five m	onths (37 CFR 1.17(a)(5)	\$	
	· ·	ee 37 CFR 1.27. Therefore	, the fee amount shown	
	ced by one-half, and the amount of the fee is end	-		
	redit card. Form PTO-20			
The Commiss	ioner has already been a	uthorized to charge fees in	this	
application to	a Deposit Account.			
	sioner is hereby authorize ecount Number <u>19-1090</u> .	d to charge any fees which	may be required	
_	-	d to charge any deficiency,		
or credit any	overpayment, to Deposit	Account Number <u>19-1090</u> .		
I am the [] applicant/in	eventor.			
assignee of	f record of the entire inter	est. See 37 CFR 3.71		
Stateme	ent under 37 CFR 3.73(b)	is enclosed. (Form PTO/S	B/96).	
X attorney or	agent of record.			
attorney or	agent under 37 CFR 1.3	4(a).		
Registra	ation number if acting under 37 (CFR 1 34(a)		
WARNING: Informatibe included on this	tion on this form may b form. Provide credit ca	ecome public. Credit care and information and authorical action and authorical actions.	d information should retrivation on PTO-2038.	not
August	7, 2002			
Date			gnature	
I			nristiansen, Ph.D.	

Burden Hour Statement. This form is estimated to take 0.1 hours to complete Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief information Officer. U.S. Patient and Trademark Office. Washington, DC 20231, DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO Commissioner for Patients. Washington, DC 20231.

Submit multiple forms if more than one signature is required, see below*